Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) HW 0310877US		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/562,713			Filed December 23, 2005		
For Method and System for Controlling the Multicast Source					
Art Unit 2465			Examiner Christo	opher T. Wyllie	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
One m	onth (37 CFR 1.17(a)(1))	<u>Fee</u> \$ 130	Small Entity Fee \$ 65	\$	
X Two m	onths (37 CFR 1.17(a)(2))	\$ 490	\$ 245	\$_490	
Three	months (37 CFR 1.17(a)(3))	\$ 1,110	\$ 555	\$	
Four m	onths (37 CFR 1.17(a)(4))	\$ 1,730	\$ 865	\$	
Five m	onths (37 CFR 1.17(a)(5))	\$ 2,350	\$ 1,175	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _50-1065					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the	applicant/inventor.				
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
X	x attorney or agent of record. Registration Number 37,793				
	attorney or agent under 37 CFR 1.3 Registration number if acting under				
/Brian A. Carlson/			June 21, 2010		
Signature			Date		
Brian A. Carlson Typed or printed name			972-732-1001 Telephone Number		
			·		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
X Total of 1 form is submitted.					

This oblication of information is required by 37 CFF 8.1.38(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USFY) of processing an application. Confidentially is powered by 35 U.S.C. 122 and 37 CFR 1.1 and 1.1.4. This collection is estimated for insides to complete, including gathering, preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this button, should be sent to the fill information Officer. U.S. Patient and Tractemant. Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, VA 22313-1450. DO NOT SERIO FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT DTC. commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.